

FILE NOW: FILING FEE IS \$61.25

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May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002514 (6)

1. Corporation Name  
DUNMORE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 219 SALT GRASS PLACE, MELBOURNE BCH FL 32951 US  
Mailing Address: 219 SALT GRASS PLACE, MELBOURNE BCH FL 32951 US

3. Date Incorporated or Qualified: 05/26/1995  
4. FEI Number: 59-3443467  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.  
2a. Mailing Address: 28 Suite, Apt. #, etc.  
23. City & State  
24. Zip: 25 Country: 29 Zip: 30 Country:

9. Name and Address of Current Registered Agent  
SCULTHOP, BRIAN M  
219 SALT GRASS PLACE  
MELBOURNE BCH FL 32951

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-----------------------------------|
| TITLE                      | PD                              | 1.1 TITLE                                             | VTSD                              |
| NAME                       | SCULTHOP, BRIAN M               | 1.2 NAME                                              | SCULTHOP, BRIAN M.                |
| STREET ADDRESS             | 219 SALT GRASS PLACE            | 1.3 STREET ADDRESS                                    | 219 SALT GRASS PLACE              |
| CITY-ST-ZIP                | MELBOURNE BCH FL                | 1.4 CITY-ST-ZIP                                       | MELBOURNE BEACH, FL 32951         |
| TITLE                      | <del>VTSD</del>                 | 2.1 TITLE                                             | PD                                |
| NAME                       | <del>SCULTHOP LEONARD E</del>   | 2.2 NAME                                              | WELLES, JAMES S.                  |
| STREET ADDRESS             | <del>219 SALT GRASS PLACE</del> | 2.3 STREET ADDRESS                                    | 2180 DUNMORE LANE                 |
| CITY-ST-ZIP                | <del>MELBOURNE BEACH FL</del>   | 2.4 CITY-ST-ZIP                                       | VERO BEACH, FL 32963              |
| TITLE                      | <del>D</del>                    | 3.1 TITLE                                             | <del>D</del>                      |
| NAME                       | <del>SCULTHOP, GRETCHEN K</del> | 3.2 NAME                                              | <del>ROBERT LOSI, ROBERT A.</del> |
| STREET ADDRESS             | <del>219 SALT GRASS PLACE</del> | 3.3 STREET ADDRESS                                    | <del>2150 DUNMORE LANE</del>      |
| CITY-ST-ZIP                | <del>MELBOURNE BEACH FL</del>   | 3.4 CITY-ST-ZIP                                       | <del>VERO BEACH, FL 32963</del>   |
| TITLE                      |                                 | 4.1 TITLE                                             |                                   |
| NAME                       |                                 | 4.2 NAME                                              |                                   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |                                   |
| TITLE                      |                                 | 5.1 TITLE                                             |                                   |
| NAME                       |                                 | 5.2 NAME                                              |                                   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |                                   |
| TITLE                      |                                 | 6.1 TITLE                                             |                                   |
| NAME                       |                                 | 6.2 NAME                                              |                                   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |                                   |

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| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)